

A STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICE OF CONTRACEPTION AMONG SECONDARY SCHOOL STUDENTS IN EKPOMA, NIGERIA

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ABSTRACT

Background: Adolescent sexual activity, early pregnancy, induced abortion and increased HIV/AIDS infection have become a major concern in Nigeria. Teenage pregnancy is a risk factor for disruption of education, future unemployment and poor mental health. The aim of this study was to assess the level of awareness, attitude and practice of contraception among male and female secondary school students in Ekpoma, Edo State, Nigeria, a fast developing village with increased cases of teenage abortion.

Methods: A descriptive study, using a pre-tested, self administered semi-structured questionnaire was used to assess the knowledge, attitude and practice of contraception among male and female public secondary school students in Ekpoma. The study population consisted of male and female junior secondary III (JS III) and senior secondary III (SS III) school students in Ekpoma aged 12-24 years. In all 1000 male and 1000 female students were recruited for the study. Data obtained were analyzed by sex and age.

Results: A total of 690 and 814 questionnaires were returned in good order for males and females respectively. Analysis of data obtained showed that 398 (57.7%) and 216 (26.5%) male and female students respectively were sexually active as at the time of this study. 68 (17.0%) of the male population had their first sexual intercourse at 9 years. Analysis also showed that 292 (42.3%) and 492 (60%) males and females respectively had good knowledge of contraception while 206 (29.9%) and 122 (15%) males and females had no knowledge of contraception. Parents (25.5%), friends (17%), books and magazines (16.2%) and internet (10.7%) were the main sources of information about sex and contraception. Condom was the major available contraceptive for the males while Andrew liver salt (29%), oral pills (10.3%), 7 Up (7.4%) were the used by the females. About 40% of the total sampled population believed contraception is not safe.

Conclusion: Awareness and use of contraception among secondary school students in Ekpoma was low. There is a need to educate adolescents about the use of contraception with emphasis on available methods and correct timing of usage.

Key words: *Contraception, adolescent, knowledge, attitude, safety, practice.*

1. INTRODUCTION

It is estimated that 46 million abortions are performed each year, 20 million of which occur in countries where abortion is prohibited by law (Glenn, 2002). Adolescent sexual activity and pregnancy are alarmingly common in many countries (Yang, 1995). Premature sexual intercourse results in high incidence and prevalence of adolescent pregnancy and abortion and also increases the risk of sexually transmitted infections and, as such, adolescent pregnancy needs careful and proper monitoring to ensure a safe outcome (Creastas, 1993).

Despite the social and cultural importance of child bearing in African society, unwanted pregnancies are a source of concerns within the family. This is more acute for adolescent girls who often fall pregnant out of wedlock. In a bid to avoid facing judgment from their family and community, resulting to abortion is commonly their only choice.

Studies in Nigeria indicate high rate of sexual activities as well as limited knowledge and use of condom among secondary school students as well as undergraduates (Ogbuji, 2005; Orji *et al.*, 2005; Iyaniwura and Salako, 2005). The resultant effect is an increased rate of unwanted pregnancy and the attendant unsafe abortion. As unintended pregnancy still poses a major challenge to the reproductive health of young adults in developing countries, there is need to improve on their knowledge and utilization of contraceptives.

Unsafe abortion is a major medical and public health problem in Nigeria. Nigeria has a high incidence of unwanted pregnancies and unsafe abortions, particularly among adolescents (Hassen, 2000). Teenage girls are particularly

prone to unintended pregnancies. Unsafe abortion is one of the top causes identified in the high number of maternal morbidity and mortality in Nigeria.

Thus, understanding of knowledge, attitude and practice of contraception is critical for countries like Nigeria with a population policy aimed at reducing unwanted pregnancy. Unfortunately, little research has been conducted in this area in the country. The present study will show the scope of the problem in the study area and information gathered will provide baseline data for further study and for policy makers in developing appropriate evidence-based strategies to promote the use of emergency contraceptive pills in Nigeria. The present study is therefore designed to examine the knowledge, attitude and practice of contraception among secondary school students in Ekpoma (a town with a high incidence of unwanted pregnancies), Nigeria.

2. MATERIALS AND METHODS

A descriptive study, using a pre-tested, self administered semi-structured questionnaires developed by the research team was chosen to assess the knowledge, attitude and practice of contraception among male and female public secondary school students in Ekpoma. The study population consisted of male and female junior secondary III (JS III) and senior secondary III (SS III) school students in Ekpoma aged 12-24 years. The students were of different religious backgrounds. These categories of students were chosen because they represent certificate classes in both junior and secondary schools respectively. These two classes (JS III and SS III) serve as nodal points for secondary school students. For JS III, the decision to either proceed to complete their secondary education or to drop out of school to go and learn a trade is made after this class. While for SS III, the decision to go for tertiary education or opt out of school for the informal sector of the economy is made after their final examination in this class. The study population was therefore chosen because it was found to be a high-risk group for unwanted pregnancies and requests for termination of pregnancy. Only public schools (government-owned) were recruited for the study because the students attending these schools represent the less-privileged in terms of parental care and access to information. Permission to conduct the study was obtained from the appropriate quarters through a letter of introduction to the school principals. The five public secondary schools in Ekpoma were engaged for the study. Ekpoma is one of the most populous and fast-expanding town in Edo State, Nigeria after the state capital, Benin-City. Ekpoma is host to the state university, Ambrose Alli University.

A random sample was obtained, comprising 2000 (1000 boys and 1000 girls) students aged between 12 and 24, across five schools. In each of the schools, the students were assembled in a large hall and provided with a participant information sheet that explained the purpose of the study and then returned to their various classrooms. Each consenting participant was then requested to sign the consent form. The students were adequately briefed on the content of the questionnaires before distribution. This was done in order to ensure a good data input. In each of the schools the questionnaires were administered immediately after school and each participant was required to complete the form in their classroom. The mean time taken to answer the questionnaire was about 50 min. Confidentiality was ensured by using an anonymous questionnaire and requesting each participant to sit alone, to avoid influencing others. Completed forms were collected by the principal investigator and the research assistants. Data obtained were analyzed by sex and age.

3. RESULTS

A total of 1000 questionnaires were administered each for 1000 male and female students respectively but only 690 (69.0%) and 814 (81.4%) for male and female students respectively were returned in good order and fully completed. The means age for male and female students that participated in the study are 15.1 and 15.5 years respectively. Results obtained showed that 398 (57.68%) out of 690 male students that participated in the study were sexually active while only 216 representing 26.54% of the female population for the study were sexually active (Table 1). Data showing age of first sexual intercourse for sexually active boys and girls (Table 1) revealed that 68 (17%) male students had their first sexual intercourse at about 9 years of age, while 131 (33%) had their first intercourse experience at 10-14 years, and 147 (37%) at 15-18 years. For the female students, 119 (55.1%) had their first sexual intercourse experience between ages 15-18 years and while only about 61 (28.5%) had their first sexual intercourse at less than 15 years.

As shown in Table 2 about 292 (42.32%) male and 492 (60%) female participants had good knowledge about contraception. About one third of the male students (206, 29.86%) and 122 (15%) of the female students had no knowledge of contraception. The results (Table 2) also showed that 136 (19.7%) and 134 (16.46%) male and female students respectively have had about contraception but with wrong definition.

The sources of information about contraception are also shown in Table 2. The commonest source of information to the male students was parents (25.5%), followed by friends (17%), books and magazines (16.2%) and internet (10.7%). For the female students, the commonest source of information on contraception is friends (27.1%), followed by books and Magazines (18.5%), teachers (13.7%) and parents/neighbours (9.2/8.6%).

For both the male respondents condom was the commonest contraceptive used. About 182 (45.8%) male respondents used condom (Table 3). For the female respondents, Andrew liver salt (63, 29%), oral pills (22, 10.3%), 7 Up (a kind of soft drink) (16, 7.4%), alcohol (15, 6.8%), pepper soup (14, 6.6%), lemon (12, 5.7%), club soda (12, 5.6%) and lime (12, 5.4%) were the popular contraceptives being used. It is surprising to discover that as much as 115 (28.8%) of the male respondents relied on their sexual position as a means of contraception while about 94 (23.7%) gave no response on the type of contraceptive they use.

Results obtained on the attitude of the respondents to contraception as regards its safety are shown in Table 4. Over forty percent (40%) of male and female respondents believed that the use of contraceptives as a means of preventing unwanted pregnancy and/or sexually transmitted diseases (STD) is not safe. Only 120 (17.39%) male and 124 (15.23%) female respondents believed that contraception is a safe means of protecting against unwanted pregnancy and/or STD. Data obtained on the practice of contraception revealed that less than 30% of the respondents (133, 19.3% males and 208, 25.58% females) use contraceptives regularly, while only 109 (15.8%) males and 133 (16.28%) females respondents use contraception rarely. Over 50% of both sexes said they sometimes use contraceptives. On the possible factors influencing their attitude and practice of contraception, a good number of the respondents (48, 27.91% males and 331, 40.7% females) gave religion as their major reason. Other reasons given by the male respondents are, fear of infertility (12.78%); parental influence (12.78%), side effects (5.81%) and cost (1.16%). For the female respondents parental influence ranked second (22.2%), followed by side effects (18.5%), fear of infertility (11.1%) and cost (3.8%).

Table 1: Sexual status and age distribution by sex (among sexually active) of secondary school students in Ekpoma, South-South Nigeria

Sexual status				
Sexual status	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Sexually active	398	57.68	216	26.54
Sexually inactive	292	42.32	598	73.46
Total	690	100	814	100
Age of first intercourse among sexually active students				
Age (years)	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
≤ 9	68	17.0	15	7.1
10-14	131	33.0	46	21.4
15-18	147	37.0	119	55.1
19-22	32	8.0	18	8.2
No age	20	5.0	18	8.2
Total	398	100	216	100

Table 2: Level of knowledge and sources of information about contraception among secondary school students in Ekpoma, Edo State, Nigeria

Level of knowledge of contraception				
Level of knowledge	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
No knowledge	206	29.86	122	14.99
Heard with good definition	292	42.32	492	60.44
Heard with wrong definition	136	19.7	134	16.46
No response	56	8.12	66	8.11
Total	690	100	814	100
Source of information about contraception				
Source	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Parents	176	25.5	78	9.6
Friends	117	17.0	221	27.1
Teachers	43	6.2	112	13.7
Mass media	48	6.9	59	7.3
Books and magazines	112	16.2	151	18.5
Internet	74	10.7	33	4.1
Health workers	39	5.7	50	6.2
Advertisement	39	5.7	43	5.3
Neighbours	42	6.1	67	8.2
Total	690	100	814	100

Table 3: Various types of contraceptives used by the sexually active secondary school students in Ekpoma, Edo State, Nigeria

Type of contraceptive	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Condom	182	45.8	13	5.8
Andrew liver salt	-	-	63	29.0
Oral pills	-	-	22	10.3
7 Up (soft drink)	-	-	16	7.4
Alcohol	-	-	15	6.8
Pepper soup	-	-	14	6.6
Lemon	-	-	12	5.7
Club soda	-	-	12	5.6
Lime	-	-	12	5.4
Traditional method	-	-	11	4.9
Herbs	-	-	8	3.7
Udah seed	7	1.7	6	3.0
Antibiotics	-	-	6	3.0
Alligator pepper	-	-	4	1.9
Jumping	-	-	1	0.5
Squatting	-	-	1	0.4
Sex style	115	28.8	-	-
No response	94	23.7	-	-
Total	398	100	216	100

Table 4: Attitude to safety, frequency of practice and factors influencing the use of contraceptives among secondary school students in Ekpoma, Edo State, Nigeria

Attitude to safety of contraception				
Safety level	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Safe	120	17.39	124	15.23
Unsafe	290	42.03	326	40.05
No response	280	40.58	364	44.72
Frequency of practice of contraception				
Frequency of use	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Often	133	19.3	208	25.58
Rarely	109	15.8	133	16.28
Sometimes	400	57.9	435	53.49
Nil	48	7.0	38	4.65
Factors influencing the practice of contraception				
Factor	Male		Female	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Parental influence	22	12.78	181	22.2
Cost	2	1.16	31	3.8
Fear of infertility	30	17.44	90	11.1
Religious reason	48	27.91	331	40.7
Side effects	10	5.81	151	18.5
Unaware	22	12.78	30	3.7

4. DISCUSSION

Many studies have been conducted all over the world to study the knowledge, attitude and practice of contraception in adolescent and young adults. A study conducted among 191 senior students (15-17 years) in North Gondar in 1995 by Fantahun *et al.* showed the level of knowledge of contraception to be 75%. In a related study carried out by Araoye *et al.* (1998) involving 971 male and female students aged 18-24 years attending a tertiary institution in Nigeria showed that 97.7% males and 98.4% female knew at least one method of contraception.

The level of sexual knowledge among secondary school students in Ekpoma as revealed in this study is disturbing. This study showed students in secondary school become sexually active even at a tender age of 9 years. A boy or girl of 7 years knows little or nothing about their body anatomy or physiology well enough to be able to signal signs of pregnancy or conception. Considering this background, the use of contraception during sexual intercourse is usually not considered due to their low level of awareness of its safety. Most of them (the sexually active students) were not even prepared for sex when it happened since it occurred out of curiosity or adventure. This observation is consistent with reports from other studies (Shittu *et al.*, 2007).

As with previous studies (Josaphat *et al.*, 2006; Byamugisha, 2006; Abiodun *et al.*, 2001; Nworah *et al.*, 2010), the commonest source of information about contraception was friends and rarely health institution and family planning clinics despite the fact that these are dedicated specifically to such duties. Information obtained from friends about the use and practice of contraception are often misleading as they contain a lot of misinformation, distortion, falsehood and misconceptions, and often times self centered (Abiodun *et al.*, 2001; Baker and Riah, 1992).

Main sources of information about contraception as listed in Table 2 showed that parents, books and magazines and friends ranked topmost for boys while friends, teachers, books and magazines were the main access for the girls. This finding is in consonance with reports obtained from Uganda which also ranked friends as the major source of information on contraception among university students (Josaphat *et al.*, 2006).

The present study demonstrated a high level of sexual activities among male secondary school students in Ekpoma. It was revealed that as much as 60% of the male respondents were sexually active compared with less than 30% of their female counterparts. The study also revealed that a good percentage of the sampled population were already sexually active even at a tender age of 10 years. This observation portends great danger for these future leaders considering their level of information, knowledge and disposition to the use of contraception. This fact reinstates the need for parents, institutions (educational and health), policy makers and all agents of socialization to get involved in introducing sex-related education to our youths and students very early in life.

In conclusion, this study revealed that there is a dearth of information about contraception among secondary school students in Nigeria thus culminated in their low level of knowledge on the safety and importance of contraception in the prevention of unwanted pregnancy and sexually transmitted diseases (STD). Even among the informed, detailed knowledge and practice of contraception was very low. There is therefore an urgent need to educate Nigerian youths about contraception, with emphasis on available methods and correct timing of use. There should be enhanced promotion of contraception to encourage their usage and making them easily accessible in hospitals, pharmacy stores and family planning clinics at little or no cost. Moreover, health education programmes should be set up and incorporated in secondary school curriculum to avail accurate information about sex and contraception.

5. REFERENCES

- [1]. Abiodun PA, Adisa AF, Aderemi IM: Knowledge and previous contraceptive use by pregnant teenagers in Ilorin Nigeria. *Trop. J. Obstet. Gynecol.*, 2001, 18(2): 73-77.
- [2]. Araoye MO, Fakeye OO, Jolayemi ET: Contraception method choices among adolescents in a Nigerian tertiary institution. *West Afr. J. Med.*, 1998, 17: 227-231.
- [3]. Baker GN, Riah S: Influences on adolescent sexuality in Nigeria and Kenya: findings from recent-group discussion studies. *Stud. Fam. Plan.*, 1992, 23: 199-210.
- [4]. Byamugisha JK, Mirembe FM, Faxelid E, Gemzell-Danielsson K: Emergency contraception fertility awareness among university students in Kampala Uganda. *Afr. Health Sci.*, 2006, 6(4): 194-200.
- [5]. Creastas GK: Sexual activity and contraception during adolescence. *Curr. Opin. Obstetric. Gynecol.*, 1993, 5(6): 774-783.
- [6]. Fantahun M, Chala F, Loha M: Knowledge, attitude and practice of family planning among senior high school students in North Gondar. *Ethiop. Med. J.*, 1995, 33: 21-29.
- [7]. Glenn M, Merz J: Abortion. *Encyclopaedia*, 2002.
- [8]. Hassen F: Analysis of factors for unwanted pregnancy among women in the reproductive age group attending health institutes in Jimma town. *Report*, Feb. 2000.
- [9]. Iyaniwura CA, Salako AA: Sexual activity and condom use by in-school youths in Sagamu, Ogun State. *Niger. Med. Practitioner*, 2005, 48(4): 103-107.
- [10]. Josaphat B, Florence M, Elisabeth F, Kristin G: Emergency contraception and fertility awareness among university students in Kampala, Uganda. *East Afr. Med. J.*, 2006, 6(4): 194-200.
- [11]. Nworah JAO, Sunday UM, Joseph OU, Monday OO, Josephat CA: Knowledge, attitude and practice of emergency contraception among students in tertiary schools in Anambra State Southeast Nigeria. *Int. Med. Med. Sci.*, 2010, 2(1): 001-004.
- [12]. Ogbuji CO: Knowledge about HIV/AIDS and sexual practice among university of Ibadan students. *Afr. J. Med. Sci.*, 2005, 34(1): 25-31.
- [13]. Orji EO, Adegbenro CA, Olalekan AW: Prevalence of sexual activity and family-planning use among undergraduates in Southwest Nigeria. *Eur. J. Contracept. Reprod. HealthCare*; 2005, 10(4): 255-260.
- [14]. Shittu LAJ, Zachariah MP, Ajayi G, Oguntola JA, Izegbu MC, Ashiru OA: The negative impacts of adolescent sexuality problems among secondary school students in Oworonshoki Lagos. *Sci. Res. Essays*, 2007, 2(1): 023-028.
- [15]. Yang M: Adolescent sexuality and its problems. *Ann. Acad. Med. Singapore*, 1995, 24(5): 736-740.